



## Health Savings Account (HSA) Employee Contribution Form

### Instructions:

- This form allows those on the **Consumer Choice Plan** to have HSA contributions deducted directly from the bi-weekly paycheck.
- Please keep a copy for your files.
- Please submit completed form to HR Benefits Office, 1000 Throckmorton, Fort Worth, TX 76102

### Employee Information

Name: Last, First	
Employee ID	Daytime Phone Number
Effective Date (If Open Enrollment, Jan 1)	<b>Annual Employee Contribution</b> \$ _____

2016 Combined Annual Maximum Allowed	Annual Employer Contribution	Your Annual Maximum Allowed
Individual: \$3,350	\$540	\$2,810
Family: \$6,750	\$1,000	\$5,750

If over age 55, you may contribute an additional catch up contribution of \$1,000 a year

### Authorization

I hereby authorize the City of Fort Worth to deduct the amount above from my pay and remit such amount to Payflex for deposit into my HSA. I understand that the timing of deductions will be established between Payflex and my employer. I may add, increase, reduce or terminate my election at any time with one pay period's notice to the City.

X \_\_\_\_\_  
Signature                                      Print Name                                      Date